Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS4818HIC 06/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9567 SUNSHADE COURT **ROSAL HOME HEALTH 2** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H 000 H 000 Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 06/09/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal. 4019 state or local laws. a)+2-caregivers had received training and recentification of CPR/First Aid on The census at the time of the survey was two. Two resident file and two employee file were reviewed. The following deficiencies were identified: 6/17/2009. A copy is placed H 019 Director Duties-No FA/CPR H 019 in their fite. NAC 449.15523 Director: Duties. (NRS 449.249) h) All employee files will be reviewed every a months, a chucklist will be utilized The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at if recentification are needed. Employees will be enrolled all times when a resident is present. in classes prior to expiration dates. The administrator This Regulation is not met as evidenced by: Based on record review and staff interview on 06/09/09 the facility failed to ensure that 1 of 2 will en sure compliance caregivers had received training in

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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PRINTED: 06/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS4818HIC 06/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9567 SUNSHADE COURT **ROSAL HOME HEALTH 2** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID $\{X5\}$ (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H₀₁₉ H 019 Continued From page 1 cardiopulmonary resuscitation (CPR) and first H 032 Safety & Sanitation-Fire Extinguisher H₀₃₂ a) (1) five extinguisher in the faultify was inspected on 6/11/09. NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (b) At least one functional, portable fire extinguisher;

H 050

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM U1R411

This Regulation is not met as evidenced by: Based on observation on which the facility failed to have a label with the inspection date on

NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees;

1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of

2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility

infection. The surveillance of employees must be

recommendations of the Centers for Disease

or home for tuberculosis and tuberculosis

counseling and preventive treatment.

subsection 1 of NAC 441A.200.

conducted in accordance with the

the portable fire extinguisher.

H 050 Tuberculosis-Employees

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Bureau	of Health Care Qual	ity & Compliance				FORM	APPROVEL
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM NVS4818HIC		(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SI COMPLE	
NAME OF P	ROVIDER OR SUPPLIER	1440-40101110	STREET AD	DRESS CITY S	STATE, ZIP CODE	00/0	3/2003
	HOME HEALTH 2		9567 SUN	ISHADE CO AS, NV 891	URT		
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H 050	Control and Prever transmission of tub health care set fort Centers for Disease adopted by referen subsection 1 of NA 3. Before initial em in a medical facility or a home for indiv have a: (a) Physical examin licensed physician good health, is free any other communistage; and (b) Tuberculosis so preceding 12 month history of bacillus of a 2-step Mantout the preceding 12 mof the 2-step Mantout the preceding 12 mof the 2-step Mantout the responsible screen thereafter, unless the facility or his design physician determinappropriate for a ledocuments that detexposure and correexamination must be guidelines of the College of the care and correexamination must be guidelines of the College of the care and correexamination must be guidelines of the College of the care and correexamination must be guidelines of the College of the care and corree examination must be guidelines of the College of the care and corree examination must be guidelines of the College of the care and corree examination must be guidelines of the College of the care and corree examination must be guidelined of the College of the College of the College of the care and corree examination of the College of the	ation for preventing the erculosis in facilities in the guidelines of the Control and Prevente in paragraph (h) of C 441A.200. Ployment, a person of a facility for the desidual residential care that the person is interested in a control and the from active tuberculosis each of the control o	providing fithe intion as of employed pendent e shall in from a a state of losis and ontagious in the set of interest or intest end of the sed posure is sting and of of lowing the ontrol and	H 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. U1R411

4. An employee with a documented history of a positive tuberculosis screening test is exempt

from screening with skin tests or chest

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS4818HIC 06/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9567 SUNSHADE COURT **ROSAL HOME HEALTH 2** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 050 H 050 Continued From page 3 HOSO radiographs unless he develops symptoms a) (1) caregiver had her TB suggestive of tuberculosis. 5. A person who demonstrates a positive clearance and Health and tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest renewed on wholog & copy radiograph and medical evaluation for active placed in employee tuberculosis. 6. Counseling and preventive treatment must be - Health Dhysical Conducted offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and care physician and apy Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection -17-08 · 14 control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. c) A checklist will be (Added to NAC by Bd. of Health, eff. 1-24-92; A Utilized and all 3-28-96; R084-06, 7-14-2006) employee files will be reviewed every le montes. TB clearance

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by:

with NAC 441A.375 regarding tuberculosis

testing (Employee #1, and #2).

Based on record review on 06/09/09, the facility failed to ensure that 2 of 2 caregivers complied

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will be nevered prior to

expression dates. The

ensure compliance.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES	í
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
A. BUILDING	JOHN CETEB
B. WING	06/09/2009

NVS4818HIC

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

9567 SUNSHADE COURT

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H 055	Continued From page 4		H 055		
H 055	Tuberculosis-Residents		H 055		
	NAC 441A.380 Admission of persons to medical facilities, facilities for the deper homes for individual residential care: To respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this sefore admitting a person to a medical extended care, skilled nursing or intermorare, the staff of the facility shall ensure chest radiograph of the person has been within 30 days preceding admission to the facility. 2. Except as otherwise provided in this staff of a facility for the dependent, for individual residential care or a medical for extended care, skilled nursing or intermorate shall: (a) Before admitting a person to the fact home, determine if the person: (1) Has had a cough for more than 3 were (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated cold, flu or other apparent illness; (5) Is experiencing unexplained weight in (7) Has been in close contact with a perhas active tuberculosis. (b) Within 24 hours after a person, includers on with a history of bacillus Calmett (BCG) vaccination, is admitted to the fact home, ensure that the person has a tube screening test, unless there is not a pergualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home when the patient is admitted. If the person qualified to administer the test in the fact home.	section, facility for ediate e that a n taken he section, a home cal facility ermediate eility or eeks; with a loss; or eson who ading a te-Guerin ecility or erculosis son cility or ere is not			

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Bureau of Health Care Quality & Compliance

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STATEMENT OF DEFICIENCIES	(X1) PRO
AND PLAN OF CORRECTION	IDEN

NAME OF PROVIDER OR SUPPLIER

VIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION							
A. BUILDING							
B. WING							

(X3) DATE SURVEY COMPLETED

06/09/2009

NVS4818HIC

STREET ADDRESS, CITY, STATE, ZIP CODE

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H 055	Continued From page 5		H 055		
	facility or home when the person is adm staff of the facility or home shall ensure test is performed within 24 hours after a person arrives at the facility or home or days after the patient is admitted, which sooner. (c) If the person has only completed the of a two-step Mantoux tuberculin skin tethe 12 months preceding admission, en the person has a second two-step Mantuberculin skin test or other single-step tuberculosis screening test. After a person had an initial tuberculosis screening test facility or home shall ensure that the person as single tuberculosis screening test annuthereafter, unless the medical director of designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of test documents that determination. The risk exposure and corresponding frequency examination must be determined by folioguidelines as adopted by reference in perform skin testing and routine annual characteristic tuberculosis screening test is enformation to the staff of the facility of shall ensure that the person is evaluate annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determined that he has one or more of the symptoms described in paragraph (a) of subsection 2, the person may be admitted facility or home if the staff keeps the person responding of the Centers for Disease Contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents and the contents of the Centers for Disease Contents and the contents of the Centers for Disease Contents and the contents and the contents of the Centers for Disease Contents and the	that the qualified within 5 hever is efirst step est within sure that oux on has t, the rson has ually or his esting and of of lowing the aragraph of a xempt est or home d at least ermines than 3 he other feed to the erson in the			
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Bureau of Health Care Quality & Compliance

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(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X3) DATE SURVEY COMPLETED

NVS4818HIC

A. BUILDING B. WING_

06/09/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

9567 SUNSHADE COURT

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H 055	Continued From page 6		H 055		
f deficiencies	Prevention as adopted by reference in procession of the Subsection 1 of NAC 441A.200 unhealth care provider determines whether person has active tuberculosis. If the stable to keep the person in respiratory is the staff shall not admit the person until care provider determines that the person thave active tuberculosis. 5. If a test or evaluation indicates that a has suspected or active tuberculosis, the facility or home shall not admit the provider determines that the facility or home or, if he has already admitted, shall not allow the person to refer the facility or home, unless the facility or keeps the person in respiratory isolation person must be kept in respiratory isolation person must be kept in respiratory isolation person does not have active tuberculosic certifies that, although the person has a tuberculosis, he is no longer infectious. care provider shall not certify that a person does not have active tuberculosis care provider has obtained not let three consecutive negative sputum AFII which were collected on separate days. 6. If a test indicates that a person who hor will be admitted to a facility or home active tuberculosis, the staff of the facility home shall ensure that the person is tree the disease in accordance with the recommendations of the Centers for Dise Control and Prevention for the counseling effective treatment for, a person having tuberculosis. The recommendations are in the guidelines of the Centers for Dise Control and Prevention as adopted by rein paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall are cited, an approved plan of correction must be related an approved plan of correction must be related.	rtil a rr the aff is not olation, a health n does person e staff of person to been emain in rr home is or ctive A health son with ess the ess than B smears has been has ity or ated for sease ng of, and active set forth ase eference ensure	O dave after re	coint of this statement of deficiencies	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4818HIC 06/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9567 SUNSHADE COURT **ROSAL HOME HEALTH 2** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 055 H₀₅₅ Continued From page 7 a) (1) resident is altergic to PPD stain test a copy of churt X Ray done 11-24-08 in on file. Home Health Nune (5bony - val) informed for Quantiferon est in Placed of PPD. that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person 's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 06/09/09, the facility failed to ensure that 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2).

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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